

Something Special *from* Wisconsin™
MEMBERSHIP RENEWAL APPLICATION

July 1, 2014 to June 30, 2015

Apply on-line at: <http://ssfwmembers.wi.gov>

Payment Due: no later than July 1, 2014

Amount Enclosed: \$ _____

Company Name: _____ Contact Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Have your gross annual sales changed? Yes _____ No _____

_____ Exempt, non-profit organization	No registration fee
_____ Gross annual sales \$0 - \$10,000	\$ 10
_____ Gross annual sales \$10,001 - \$50,000	\$ 35
_____ Gross annual sales \$50,001 - \$100,000	\$ 50
_____ Gross annual sales \$100,001 - \$250,000	\$100
_____ Gross annual sales \$250,001 - \$500,000	\$150
_____ Gross annual sales more than \$500,000	\$200

Tracking Program Success

It is critical that you answer these questions to enable us to track overall program success and make program improvements. Your answer **will not** be individually reported and will be kept **confidential**.

1) Do you use the SSfW™ logo on your products, company literature, advertising, website, etc.? Yes _____ No _____

If no, explain why not: _____

2) How much has the SSfW™ program increased your sales? Please circle one.

0-5% 5-10% 10-20% 20%+ Other _____

3) Did the sales increase require you to add jobs in your business? If so, how many?

Full Time _____ Part Time _____

How many jobs did you provide prior to adding jobs noted above?

Full Time _____ Part Time _____

4) How would you rate the overall program on a scale of 1 to 5, 5 being excellent, and 1 being poor. Please circle one.

1 (poor) 2 (below average) 3 (average) 4 (above average) 5 (excellent)

5) Consider the overall program. What are we doing well? How can we improve? What services or benefits would you like to see that aren't offered today? Please comment.

6) Have your product labels changed? ☐ Yes ☐ No Include a sample or send an electronic file of any new labels.

To mail in your renewal application and fee payment send it to:

WISCONSIN DEPT OF AGRICULTURE, TRADE & CONSUMER PROTECTION
SOMETHING SPECIAL *from* WISCONSIN™
PO BOX 93178
MILWAUKEE, WI 53293-0178

Questions: Email: datcpssfw@wi.gov Tel: 608-224-5124 or 608-224-5112

For credit card payments complete this section:

MASTER CARD _____ VISA _____

Name as it Appears on the Card: _____

Card Number: _____

Expiration Date: _____ \ _____ Security Code: _____

Billing Address if Different: _____

I certify that the above information is complete and correct to the best of my knowledge.

The 2014 - 2015 Something Special *from* Wisconsin™ membership renewal application reflects true and correct information to the best of my knowledge. I have made any appropriate changes and enclosed or electronically filed product labels if applicable.

Print Name: _____ **Signature:** _____ **Date:** _____
